

Neuropsychology Associates

10293 N. Meridian St, Ste 210
Indianapolis, IN 46290

Christopher Sullivan, PhD
Crystal Ramos, PsyD
Raymond Horn, PhD, ABPP

Phone: 317-581-2292
Fax: 317-581-2285

Ayca Byerley, PhD
Pamela Phillips, PsyD

neuropsychologyassociates.net
npaindy@gmail.com

Alexandra Quast Surgener, PsyD
Andrea Moreau-O'Donnell, PsyD
Pam Freese, MSW, LCSW

Referral for Neuropsychological / Psychoeducational Testing

Date _____ Referring Physician _____

Referring Phone _____ Fax (for report to be sent) _____

Patient Name _____ Date of Birth _____ Age _____

Please send copies of the following:

Demographics sheet

Clear copies of insurance cards

The doctor's current notes indicating why the patient is to be seen.

****PLEASE INCLUDE ANY MRI, CT, EEG etc.. reports**

Please indicate if there are specific questions that need to be addressed.

If you are not faxing the above information please fill out the information below.

Contact Person (if other than patient) _____

Home Phone _____ Work Phone _____ Cell _____

Reason for Referral / DX _____

Insurance _____

Insurance ID # _____

Insured's Name (if other than patient) _____ DOB _____

Insurance Phone _____

We will contact the patient to schedule an appointment, and then inform your office of the appointment date.

Please fax this referral to (317) 581-2285.

Thank you!